

09/831596

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 19 | | ✓ | 5/15/05 |
| 20 | | 0 | |
| 21 | | 0 | |
| 22 | | 0 | |
| 23 | | 0 | |
| 24 | | 0 | |
| 25 | | 0 | |
| 26 | | 0 | |
| 27 | | 0 | |
| 28 | | 0 | |
| 29 | | 0 | |
| 30 | | 0 | |
| 31 | | 0 | |
| 32 | | 0 | |
| 33 | | 0 | |
| 34 | | 0 | |
| 35 | | 0 | |
| 36 | | 0 | |
| 37 | | 0 | |
| 38 | | 0 | |
| 39 | | 0 | |
| 40 | | 0 | |
| 41 | | 0 | |
| 42 | | 0 | |
| 43 | | 0 | |
| 44 | | 0 | |
| 45 | | 0 | |
| 46 | | 0 | |
| 47 | | 0 | |
| 48 | | 0 | |
| 49 | | 0 | |
| 50 | | 0 | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | | 0 | |
| 52 | | 0 | |
| 53 | | 0 | |
| 54 | | 0 | |
| 55 | | 0 | |
| 56 | | 0 | |
| 57 | | 0 | |
| 58 | | 0 | |
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| 98 | | 0 | |
| 99 | | 0 | |
| 100 | | 0 | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | | 0 | |
| 102 | | 0 | |
| 103 | | 0 | |
| 104 | | 0 | |
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| 145 | | 0 | |
| 146 | | 0 | |
| 147 | | 0 | |
| 148 | | 0 | |
| 149 | | 0 | |
| 150 | | 0 | |

If more than 150 claims or 10 actions
 staple additional sheet here